

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/210 7485

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1		1				51		
2		1		1			52		
3	2		3				53		
4	1	1	1	1			54		
5	1	1	1	1			55		
6	1	1	1	1			56		
7	1	1	1	1			57		
8	1	1	1	1			58		
9	1	1	1	1			59		
10					1		60		
11					1		61		
12					1		62		
13					1		63		
14					1		64		
15					1		65		
16					1		66		
17					1		67		
18					1		68		
19					1		69		
20					1		70		
21					1		71		
22					1		72		
23					1		73		
24					1		74		
25					1		75		
26					1		76		
27					1		77		
28					1		78		
29					1		79		
30					1		80		
31					1		81		
32					1		82		
33					1		83		
34					1		84		
35					1		85		
36					1		86		
37					1		87		
38					1		88		
39					1		89		
40					1		90		
41					1		91		
42					1		92		
43					1		93		
44					1		94		
45					1		95		
46					1		96		
47					1		97		
48					1		98		
49					1		99		
50					1		100		
TOTAL IND.	1		1		1				
TOTAL DEP.	9	←	9	←	8	←			
TOTAL CLAIMS	10	[QR]	10	[QR]	9	[QR]			